

# DEVELOPMENT PERMIT ACCESSORY/GARDEN SUITE APPLICATION

## PLANNING SERVICES

101 RANCHEHOUSE ROAD  
COCHRANE, AB T4C 2K8  
TEL: 403-851-2570 FAX: 403-932-2935

Email: [planning@cochrane.ca](mailto:planning@cochrane.ca)

Website: [www.cochrane.ca](http://www.cochrane.ca)



### FOR OFFICIAL USE

DP No. \_\_\_\_\_

FEE: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

RECEIPT No. \_\_\_\_\_

1. NAME(S) OF APPLICANT (please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. NAME(S) OF REGISTERED OWNER, if not applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. LEGAL DESCRIPTION: Lots(s): \_\_\_\_\_ Block(s)/Unit(s): \_\_\_\_\_ Plan: \_\_\_\_\_

4. MUNICIPAL ADDRESS: \_\_\_\_\_

5. LAND USE ZONING: \_\_\_\_\_

6. EXISTING USE OF LANDS AND BUILDINGS: \_\_\_\_\_

7. PROPOSED USE OF LANDS AND BUILDINGS: \_\_\_\_\_

8. ELEVATIONS, FLOOR PLANS, PARKING:

<b>Site Area (m<sup>2</sup>):</b>	<b>Basement Floor Area (m<sup>2</sup>):</b>	<b>Ground Floor Area (m<sup>2</sup>):</b>
<b>Upper Floor Areas (m<sup>2</sup>):</b>	<b>Suite Area (m<sup>2</sup>):</b>	<b># of Parking Spaces:</b>

9. BUILDING SETBACKS: (for Garden Suites only)

<b>Front (m):</b>	<b>Side (m):</b>	<b>Side (m):</b>	<b>Rear (m):</b>
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10. OTHER INFORMATION: Please provide any other pertinent information below or on separate sheet(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. APPLICANT(S) DECLARATION:**

**I / We** (please print), \_\_\_\_\_  
hereby certify that I am/we are the registered owner(s) or authorized to act on behalf of the registered owner(s) of the land that is the subject of this application. The information on this form and on the attached plans and supporting materials is full and complete and is, to the best of my/our knowledge, a true statement of the facts relating to this application. If I/we are making this declaration on behalf of a corporation, I/we have full authority to bind that corporation.

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_

**12. RIGHT OF ENTRY:**

**I / We** (please print), \_\_\_\_\_  
being the registered owner(s) or person(s) authorized to act on behalf of the registered owner(s) of the land that is the subject of this application, hereby consent to an authorized person designated by the Town of Cochrane entering upon the said property for the purpose of inspection during the processing of this application. If any other person is in possession of the subject land, I/we consent to such access by the Town on behalf of that occupant and have full authority to grant this consent on the occupant's behalf..

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_

**13. CONSENT TO ELECTRONIC PROCESS:**

**I/We**, the landowner or agency acting on the landowner's behalf, consent to the use of the Town's electronic process, which includes electronic documents, stamps and signatures. Yes  No

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Compliance with the requirements of *Land Use Bylaw 01/2004* does not afford relief from compliance with the *Municipal Government Act*, R.S.A. 2000, CHAP M-26, or any other federal, provincial, or municipal legislation, or the conditions of any easement, covenant, building scheme, or agreement affecting the lands or buildings.

**FOIP Notification:** The personal information requested on this form is collected under the authority of the Municipal Government Act, Section 640, and the Alberta Freedom of Information and Protection of Privacy (FOIP) Act, Section 33(c) and is protected under Part 2 of that Act. Information collected by public bodies forms part of a file that may be available to the public. Please be advised that the information collected is used for processing this application, ensuring compliance with planning policies and may be used to conduct ongoing evaluations of services received by the Town of Cochrane. Questions about this collection can be submitted to: FOIP Coordinator, 2nd Floor, 101 Ranchehouse Road, T4C 2K8, 403-932-2674 or FOIP@cochrane.ca.

**Questions?**  
Please do not hesitate to contact planning staff at 403-851-2570 or [planning@cochrane.ca](mailto:planning@cochrane.ca)

TOWN OF COCHRANE

101 RancheHouse Rd.  
Cochrane, AB T4C 2K8  
P: 403-851-2500 F: 403-932-6032  
www.cochrane.ca



## Landowner Authorization Form Development & Community Services Division

I/We, \_\_\_\_\_, being:

- The owner(s) of the property identified herein; or
- An officer or director of the owner(s) of the property identified herein

do hereby authorize \_\_\_\_\_ (the applicant) to apply for all applicable/required permits for the following land:

Municipal address: \_\_\_\_\_

Legal address: Lot(s)\_\_\_\_\_, Block \_\_\_\_\_, Plan \_\_\_\_\_

I/We further agree to immediately notify the Town of Cochrane in writing of any changes to the above information.

\_\_\_\_\_  
Signature #1

\_\_\_\_\_  
Signature #2

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date